

Division of Corporations

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L1700247944
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

2020 MAY 26 AM 11:30

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LCANTERBERRY@MWB.M.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMCMV TIMES SQUARE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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MAY 27 2020

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H2000156265 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 MAY 26 AM 11:30

IMCMV TIMES SQUARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 4, 2017 and assigned
Florida document number L17000247944

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	IMCMV HOLDINGS INC.	4901 Vineland Road	<input type="checkbox"/> Add
		Suite 600	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32811	<input type="checkbox"/> Change
AMBR	IMCMV MANAGEMENT LLC	4901 Vineland Road	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Orlando, FL 32811	<input type="checkbox"/> Change
P/S/T	DAVID CRABTREE	4901 Vineland Road	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Orlando, FL 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FAX Audit Number:

